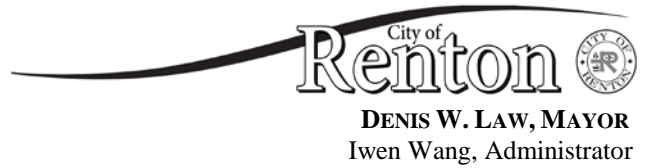


REQUEST FOR ALTERNATE BILLING
CITY OF RENTON FINANCE DEPARTMENT



Effective Date: _____

Utility Account#: _____

Please transfer the billing for: _____ Zip Code _____
(Property Address)

Tenant(s) Name _____ Tenants Phone # _____

Tenant's Mailing address: (If different than service address) _____

Printed Name of Property Owner(s) _____

I understand that the combined utility bill will remain my responsibility and I agree to pay it if my tenant does not. This transfer of billing is an accommodation to me, but I remain the party with whom the City is contracting for utilities. This accommodation is for my sole benefit and does not create a contractual relationship between the tenant and the City of Renton. Rather, the contractual relationship remains between the tenant and myself. *This transfer of billing will not take place until the existing account balance is paid in full.*

I also understand that **each time** there is a change of tenants, I must renew this agreement and a \$5 fee will be assessed to my account. I further understand that, if neither the tenant nor I pay any unpaid bill on this account, no similar agreement will be allowed by the City of Renton and the charges will become a continuing lien against the real property served. Unpaid charges for individual tenants with separate accounts will be transferred to the master account for the address served. **The City will not do final bills for rental properties.** A per diem will be provided on utility statements for property owners to prorate bills between tenants.

****By signing this document I certify that I have read and understand the terms of this request for alternate billing.***

Property Owner _____ Phone#(____) _____
Signature of Property Owner

_____ City _____ State/Zip _____

*Owner's Mailing Address

Management Co. _____ Phone #(____) _____

*Copy of signed management agreement if applicable

_____ City _____ State/Zip _____

*Management Co. Mailing Address

Management Co./Authorized Signature

*SUBSCRIBED AND SWORN to me this _____ day of _____, _____

Notary's Signature

Print Notary's Name

Notary Public in and for the State of _____

Residing at _____

*Required Information

My commission expires ____/____/____